POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.D		4/27/99
O.I.P.E. CLASSIFIER		15	4-30-5
FORMALITY REVIEW	#01033	SB	5-5-99

INDEX OF CLAIMS

✓	.... Rejected	N .... Non-elected
=	.... Allowed	I .... Interference
—	(Through numeral)... Canceled	A .... Appeal
÷	.... Restricted	O .... Objected

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Claim		Date								
Final	Original									
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4		✓	✓							
5		✓	X							
6		✓	✓							
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8		X								
9		✓								
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If more than 150 claims or 10 actions
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